Total Number of Fee Tran Amendm A A Extension Express Informatic Certified Documen Response incomple	RANSMITTAL FORM all correspondence after initial f Peges in This Submission smittal Form ee Attached ent/Reply fiter Final ffidavits/declaration(s) in of Time Request Abandonment Request on Disclosure Statement Copy of Priority	ENC	s are required to respond to a collect Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number LOSURES (Check all the Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Add Terminal Disclaimer Request for Refund CD, Number of CD(s)	ret and Trion of Info 09/511 Februs Chartie 2683 Derrick 37072/	ary 23, 2000 a Ghahremani x W. Ferris
Firm	· · · · · · · · · · · · · · · · · · ·		OF APPLICANT, ATTORN	IEY, O	OR AGENT
or Individual name Signature Date I hereby certify the	at this correspondence is b	ERTIFIC eing facsi	CATE OF TRANSMISSION mile transmitted to the USPTO of	r depos	LING Ited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on

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Date

OCTOBER 29, 2003

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FEE TRANSMITTAL for FY 2004

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small antity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complete If Known				
Application Number	09/511.955			
Filing Date	February 23 2000			
First Named Inventor	Charlie Ghahremani			
Examiner Name	Dernick W. Ferris			
Art Unit	2663			
Attorney Docket No.	37072/JEC/XZ			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
Check Credit card Money Other None	3. ADDITIONAL FEES			
Deposit Account:	Large Entity Sma	all Entity		
	Foe Fee Fee Code (\$) Code	Fee Description	B-14	
Account Number	1051 130 2051	· '''	Fee Paid	
	1052 50 2052			
Deposit Account Name Michael B. Brooks		cover sheet		
The Director is authorized to: (check all that apply)	1053 130 1053 1812 2.520 1812	3 130 Non-English specification 2 2.520 For filing a request for ex parte reexamination		
Charge fee(s) Indicated below Credit any overpayments	1804 920° 1804	- 1		
Charge any additional fee(s) or any underpayment of fee(s)	1804 920 1804	Examiner action		
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805	5 1,840* Requesting publication of SIR after		
to the above-identified deposit account.	1251 110 2251	Examiner action 1 55 Extension for reply within first month		
FEE CALCULATION	1252 420 2252	• • • • • • • • • • • • • • • • • • • •		
1. BASIC FILING FEE	1253 950 2253	,,		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1254 1,480 2254			
Code (\$)	1255 2.010 2255			
1001 770 2001 385 Utility filing fee	1401 330 240	. ,,		
1002 340 2002 170 Design filing fee	1402 330 240			
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SUBTOTAL (1) (\$)	1453 1,330 2453	- · · · · · · · · · · · · · · · · · · ·		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1.330 2501		$\neg \neg$	
Fee from Ext <u>ra Claims below Fee Paid</u>	1502 480 250			
Total Claims20** = X =	1503 640 250	- I		
Independent Claims X 86 = 86	1460 130 146	30 130 Petitions to the Commissioner		
Multiple Dependent	1807 50 180	07 50 Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806 180 180	06 180 Submission of Information Disclosure Stmt		
Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021 40 802	21 40 Recording each patent assignment per		
1202 18 2202 9 Claims in excess of 20	1809 770 280	property (times number of properties)		
1201 88 2201 43 Independent claims in excess of 3	1009 170 280	(37 CFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 281			
1204 88 2204 43 ** Relesue Independent claims over original patent	1801 770 2801	examined (37 CFR 1.129(b))	-	
1205 18 2205 9 ** Reissue claims in excess of 20	1801 770 2801 1802 900 1802			
and over original patent	1002 500 1002	of a design application		
SUBTOTAL (2) (\$) 86	Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic	c Filing Fee Paid SUBTOTAL (3) (\$)		

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	MATERIAL ELANGE CONTRACTOR	relion No. 39 92 / Telephone \$18 22	52920
Signature	My Us Brook	Date O.E	دم کون ک

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